

Health Issues and Priorities

Community Process

In summary, the Health Indicator Trends that have shown an increasing trend over the past 10 years include:

- **Number of births/ 1000 females**
- **Percent births to unwed women**
- **Number of teenage pregnancies**
- **Number of pregnancies/1000 females**
- **Number of pregnancies/1000 females ages 15-17**
- **Percent of pregnancies to unwed women**
- **White male age-adjusted mortality rate/100,000 population**
- **White female age-adjusted mortality rate/100,000 population**
- **Female breast cancer mortality rate/100,000 women age 40 or more**

In analyzing these trends, the council's awareness of these problems increased dramatically. The Pickett County Health Council expressed concerns with the percent of live births classified as low birth weight and infant deaths per 1000 live births. These issues showed an increasing trend for the years 1992-94 and 1993-95. The local physician noted that he is aware of the county's static data on low birth rate babies and infant deaths. The local physician does not deliver babies or perform any prenatal screenings. Most deliveries and screening are done in adjoining counties. These factors could be contributing to the infant issues facing the Pickett County Community.

After a thorough analysis of all data sets, Behavioral Risk Factor Survey, and Community Health Assessment Survey, the council established priorities among a multitude of problems. The following health priorities and their related recommendations are listed below. In order to ensure that all health problems are addressed in the same way, the council utilized a process that is objective, reasonable, and easy to use. The method that was used sets priorities based on the size and seriousness of the problem in conjunction with the knowledge about the effectiveness of potentially available interventions. All issues were identified through the council's discussion, review of the data, and other related "Data Analysis" in the previous section.